



# Request for Medical Exemption from Testing

## FORM 1: DISTRICT ASSURANCES FORM

**Directions:** There are three steps for submitting an exemption to RIDE:

- 1) All information on Form 1 must be completed and faxed to 401-222-3605. **Do not email this form as it contains personally identifiable information.**  
**Please note:** Incomplete forms and forms submitted after the due dates will not be accepted. See [www.ride.ri.gov/assessment-exemptions](http://www.ride.ri.gov/assessment-exemptions) for current timelines and due dates. *Make sure all information is legible.*
- 2) Request must be logged through the eRIDE State Assessment Exemption Request System
- 3) Forms 2 and 3 must be completed and retained by the district.

Student Name (*print clearly*)

D.O.B.

SASID (1000XXXX)

School (*print clearly*)

District

Test(s) and Grade Level

Assurances by District:	Yes	No	n/a	Comment(s):
1. The <b>student was consulted</b> prior to submitting this request.				
2. The <b>student agrees</b> with this request.				
3. The <b>parent(s)/guardian(s) was/were consulted</b> prior to submission of request.				
4. A <b>parent/guardian signed Form 2</b> to document their participation in the request for exemption.				
5. A <b>treating physician/licensed mental health professional signed Form 3</b> indicating that this student <b>cannot</b> attend school or participate in learning or other educational activities, even with adjustments to their school schedule, location (home tutoring), or other supports and/or accommodations.				
6. A <b>treating physician/licensed mental health professional signed Form 3</b> indicating that the student <b>cannot</b> take the state assessment, even with accommodations or other supports.				

*I certify that the information contained within this request is complete, accurate, and that:*

- *the student's medical emergency does not allow them to participate in instruction either in school or another location (such as their home or a hospital).*
- *the student cannot participate in state assessments due to their medical crisis.*
- *the student's medical crisis spanned the duration of the state assessment testing window for the test(s) covered under this exemption request.*

Superintendent's Name (*print*)

Superintendent's Signature

Date